



North Carolina Department of Environment and Natural Resources
Division of Environmental Health

Beverly Eaves Perdue
Governor

Terry L. Pierce
Director

Dee Freeman
Secretary

January 3, 2011

MEMORANDUM

TO: New Applicants for a North Carolina Sleep Products Manufacturing License

FROM: Charles M. Johnson
Head Bedding Inspector

SUBJECT: Application for 2011 North Carolina Sleep Products Manufacturing License

Thank you for your interest in North Carolina. Attached is an application for the 2011 North Carolina Sleep Products Manufacturer's License. As a manufacturer not registered in North Carolina during the previous year, you will be charged an estimated fee as a deposit. It is very important that you set up a method to track your production and sales in North Carolina immediately. At the end of the year, you will be sent a renewal application that will take you step-by-step through the calculation process to determine the actual fee. If the deposit was more than the actual fee, you will be eligible for a refund. All refunds are issued directly to the manufacturer as the sole owner of the license. Please attach a note to the renewal application along with the check for the 2011 license. This helps eliminate the risk of missing the refund and provides supporting documentation for audit purposes. If you paid less, add the difference to the amount of the fee for 2010 and write one check. Renewals are mailed in January of each year, and we rarely know that an application did not reach the correct destination. It is the responsibility of the company to contact this office if applications do not arrive at the scheduled time.

******All information requested on the application must be provided in full. Supporting documentation such as law labels and a copy of your current license, if using a registry number assigned by another state, must accompany your application. ******

Law labels must be in compliance with federal and state statutes and rules. Your federal identification number (FID) is required and is essential for processing refunds. Please include the area code for telephone and fax numbers. Verify all information and make any corrections before mailing. Check for legibility, correct spelling and proper addresses before signing the application. **It is mandatory that you list both addresses, the mailing address in the first address box and the physical plant location address in the second address box.** If they are the same, please indicate by writing the word "SAME" in the second address box. Do not leave blank spaces. A separate application must be completed for each plant, even when owned by the same company. We must have the name of the contact person who can answer questions about the application. The form is to be signed by the chief financial officer of the manufacturing facility, who will be held responsible for accuracy of the production and sales figures given on the application. The contact and chief financial officer do not have to be the same person. **Original signatures are required.** We cannot accept copies, faxes, or stamped signatures. Should the State so choose, an audit of your records by an independent CPA, certified in North Carolina, may be requested. In such situations, all expenses are the responsibility of the applicant.

Any incomplete information and/or the lack of original signatures will require the application to be returned. This will cause a delay in issuance of your license leaving any unlicensed merchandise subject to "Off Sale" status. Faxes or copies of applications **will not** be accepted. We **will** accept a copy of your current license in another state as documentation. **All checks must be written in US dollars and on a US bank or corresponding US affiliate bank.**

If you have questions or we can help in any way, please call Teresa Adams, (919) 571-4814.

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